

He-P 803.15 Required Services.

(a) The licensee shall provide administrative services that include the appointment of a full-time, onsite administrator who:

- (1) Is responsible for the day-to-day operations of the nursing home;
- (2) Meets the requirements of He-P 803.17(b)(1); and
- (3) Designates, in writing, an alternate administrator who shall assume the responsibilities of the administrator in his or her absence.

(b) Prior to or upon the time of admission, the licensee shall provide the resident a written copy of the admission agreement, except in the case of an emergency admission where the written agreement shall be

given as soon as practicable.

(c) In addition to (b) above, at the time of admission, the licensee shall provide a written copy to the resident and the guardian or agent, if any, or personal representative, and receive written verification of receipt for the following:

(1) An admissions packet including the following information:

- a. The basic daily, weekly or monthly rate;
- b. A list of the core services required by He-P 803.14(b);
- c. Information regarding the timing and frequency of cost of care increases;
- d. The nursing home's house rules;
- e. The grounds for transfer or discharge and termination of the agreement, pursuant to RSA 151:21, V;
- f. The nursing home's policy for resident discharge planning;
- g. Information regarding nursing, other health care services, or supplies not provided in the core services, to include:
 1. The availability of services;
 2. The nursing home's responsibility for arranging services; and

3. The fee and payment for services, if known; and

h. Information regarding:

1. Arranging for the provision of transportation;

2. Arranging for the provision of third party services, such as a hairdresser or cable television;

3. Acting as a billing agent for third party services;

4. Monitoring third party services contracted directly by the resident and provided on the nursing home premises;

5. Handling of resident funds pursuant to RSA 151:24 and He-P 803.14(y);

6. Bed hold, in compliance with RSA 151:25;

7. Storage and loss of the resident's personal property;

8. Smoking;

9. Room-mates; and

10. The facility's policy regarding the use of restraints;

(2) A copy of the patients' bill of rights under RSA 151:21 and the nursing home's policy and procedure for implementing the bill of rights pursuant to RSA 151:20, II;

(3) A copy of the resident's right to appeal an involuntary transfer or discharge under RSA 151:26, II(5);

(4) The nursing home's policy and procedure for handling reports of abuse, neglect or exploitation, which shall be in accordance with RSA 161-F:46 and RSA 169-C:29;

(5) Information on accessing the long-term care ombudsman; and

(6) Information on advanced directives.

(d) The licensee shall provide the following core services:

(1) Services of a licensed nurse provided 24 hours a day;

(2) Emergency response and crisis intervention;

- (3) Medication services in accordance with He-P 803.16;
- (4) Food services in accordance with He-P 803.20;
- (5) Housekeeping, laundry and maintenance services;
- (6) On-site activities and/or access to community activities designed to meet the individual interests of residents to sustain and promote physical, intellectual, social and spiritual well-being of all residents; and
- (7) Assistance in arranging medical and dental appointments, including arranging transportation to and from such appointments and reminding the residents of the appointments.

(e) The licensee shall:

- (1) Make available basic supplies necessary for residents to maintain grooming and personal hygiene, such as soap, shampoo, toothpaste, toothbrush and toilet paper;
- (2) Identify in the admission packet the cost, if any, of basic supplies for which there will be a charge; and
- (3) Not be required to pay for a specific brand of the supplies referenced in (1) above.

(f) At the time of a resident's admission, the licensee shall obtain orders from a licensed practitioner for medications, prescriptions, and diet.

(g) The licensee shall have each resident obtain a health examination by a licensed practitioner within 30 days prior to or 48 hours after admission to the nursing home and every 90 days thereafter.

(h) The health examination referenced in (g) above shall include:

- (1) Diagnoses, if any;
- (2) Medical history;
- (3) Medical findings, including the presence or absence of communicable disease;
- (4) Vital signs;
- (5) Prescribed and over-the-counter medications;
- (6) Allergies; and

(7) Dietary needs.

(i) Assessments utilizing the 3.0 version of the Centers for Medicare and Medicaid Services Resident Assessment Instrument (RAI) including the minimum data set (MDS) with care area assessment (CAA) shall

be completed on each resident as follows:

(1) A comprehensive MDS shall be completed within 14 days after admission;

(2) A comprehensive MDS shall be repeated annually or after any significant change, as defined in He-P 803.03(bh); and

(3) A quarterly MDS shall be completed at least every 3 months.

(j) The care plan portion of the RAI shall be developed within 14 days of the MDS and revised based on needs identified by the MDS.

(k) An initial nursing care plan shall be initiated upon admission and completed within 24 hours of the resident's admission.

(l) The nursing care plan shall:

(1) Be updated following the completion of each future assessment in (i) above;

(2) Be made available to personnel who assist residents in the implementation of the plan; and

(3) Address the needs identified by (h) and (i) above.

(m) Nursing notes shall be written as per facility policy.

(n) Pursuant to RSA 151:21, IX, residents shall be free from chemical and physical restraints except when they are authorized in writing by a licensed practitioner for a specific and limited time necessary to protect the resident or others from injury, or as permitted by the CMS conditions of participation, or as allowed by (o) below and He-P 803.21(d).

(o) Pursuant to RSA 151:21, IX, in an emergency, physical restraints may be authorized by the personnel designated in (p)(3) below in order to protect the resident or others from injury, and such action

shall be promptly reported to the resident's physician and documented in the resident's clinical record.

(p) The nursing home shall have written policies and procedures for implementing physical, chemical and mechanical restraints, including:

- (1) What type of emergency restraints may be used;
- (2) When restraints may be used;
- (3) What professional personnel may authorize the use of restraints;
- (4) The documentation of their use in the resident record including the physician order as applicable;
- (5) How the facility plans for reduction of restraint use for any resident requiring restraints;
- (6) Initial personnel training and subsequent education and training required to demonstrate competence related to the use of physical, chemical and mechanical restraints;
- (7) The least restrictive to the most restrictive method to be utilized to control a resident's behavior; and
- (8) That the training shall be conducted by individuals who are qualified by education, training, and experience.

(q) A resident may refuse all care and services.

(r) When a resident refuses care or services that could result in a threat to their health, safety or wellbeing, or that of others, the licensee or their designee shall:

- (1) Inform the resident and guardian of the potential results of their refusal;
- (2) Notify the licensed practitioner of the resident's refusal of care;
- (3) Notify the agent, as applicable, unless the resident objects; and
- (4) Document in the resident's record the refusal of care and the resident's reason for the refusal, if known.

(s) The licensee shall provide the following information to emergency medical personnel in the event of an emergency transfer to another medical facility.

- (1) Full name and the name the resident prefers, if different;
- (2) Name, address and telephone number of the resident's next of kin, guardian or agent, if any;

- (3) Diagnosis, as applicable;
- (4) Medications, as applicable, including last dose taken and when the next dose is due;
- (5) Allergies;
- (6) Functional limitations;
- (7) Date of birth;
- (8) Insurance information;
- (9) Advanced directives; and
- (10) Any other pertinent information not specified in (1)-(9) above.

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